

Remarks

This Amendment is being filed responsive to the Office Action dated January 23, 2009. For the following reasons, this application should be considered in condition for allowance and the case passed to issue.

Claim Rejections – 35 U.S.C. 101

Claims 17-24 were rejected under 35 U.S.C. §101 as being not tied to a machine nor executing a transformation.

Without conceding the points raised in the previous responses, Applicant has amended claim 17 to expedite prosecution. Amended claim 17 includes reference to a computer at a central location on which parameters are compared. Amended claim 17 further includes providing a visual indication on a computer monitor if one of the parameters values does not fall within acceptable values. Applicant submits that the acts of comparing and providing visual indication perform concrete and useful transformation of data stored on the computer.

Therefore, amended claim 17 meets the subject matter requirement of 35 U.S.C. §101 and the rejection should be withdrawn.

Claim Rejections – 35 U.S.C. §103

Claims 1-7, 9-21 and 23-24 were rejected under 35 U.S.C. §103(a) as being unpatentable over Halvorson (US 4847764) in view of Allen, III (US 4731726, hereinafter “Allen”). Claims 8 and 22 were rejected under 35 U.S.C. §103(a) as being unpatentable over Halvorson in view of Allen and further in view of Kaufman et al. (hereinafter “Kaufman”). These rejections are hereby traversed and reconsideration and withdrawal thereof are respectfully requested.

Claim 1

Claim 1 of the present invention discloses a patient care system, comprising a plurality of medication administration devices for delivering medication to a plurality of patients, a central processing unit (CPU) in communication with a subset of the plurality of medication administration devices and configured to monitor the subset of the plurality of medication administration devices and display results of the monitoring, a memory associated with each medication administration device for storing medication administration information associated with the medication delivered to each patient, the medication administration information including a plurality of medication administration parameters and a parameter value associated with each medication administration parameter, a central processor configured to receive medication administration information from each of the medication administration devices, a database operatively connected to the central processor for storing medication administration guidelines representing acceptable values for the medication administration parameters, and means for communicating medication administration information from each of the medication administration devices to the central processor, wherein the central processor is further configured to compare the parameter values to the acceptable values for the parameters in the medication administration guidelines, and wherein the central processor and the CPU are communicatively coupled via a local area network.

Halvorson discloses a system for dispensing drugs including a computer system connected to a plurality of medication dispensers (abstract). The medical dispensers, as illustrated by the dispensing cabinet element 32 and Figure 2, are configured to dispense medicine (column 3, lines 28-42). It will be obvious to one of ordinary skill in the art that a medical dispensing device as described by Halvorson is not a “medication administration

device,” such as an infusion pump, as in the present invention. Dispensing medication is not the same as administration of medication. For example, Merriam-Webster online medical dictionary available at <http://www.merriam-webster.com/medical> defines dispensing a medication as “to prepare and distribute,” whereas the same dictionary defines administer as “to give remedially.”

Furthermore, even if Halvorson were considered together with Allen, the combined art does not render the present invention obvious. Allen discloses a patient-operated glucose monitor and diabetes management system (title). Allen teaches an apparatus for recording blood glucose data and for transferring the data to a physician’s computer (column 1, lines 50-59). Allen is silent about any use of a medication administration device (insulin administration device in this case). The monitor 10 (e.g., Figure 1) disclosed by Allen is not a medication administration device, because Allen teaches that the administration of medication is performed by the patient by taking an insulin shot (e.g., column 8, lines 37-42). Therefore, neither Halvorson nor Allen either individually or together show or teach a patient care system comprising “a plurality of medication administration devices for delivering medication to a plurality of patients,” as in the present invention.

Furthermore, Halvorson teaches a patient care system in which a number of dispensers 32 are interconnected to a single computer 10 (Figure 1 and associated description) and consoles 20. Similarly, Allen teaches an arrangement of medical devices and a computer wherein the computer 102 is in communication with a drug monitor 10 via a communication channel 105 (Figure 4). Allen teaches processing data for treatment of a single patient, and Halvorson teaches a patient care system controlled by a single computer. Therefore, Halvorson and Allen, either separately or in combination, do not render obvious a patient care system comprising “a central processing unit (CPU) in communication with a subset of the plurality of medication

administration devices,” and “a central processor configured to receive medication administration information from each of the medication administration devices,” wherein “the central processor and the CPU are communicatively coupled via a local area network,” as in the present invention.

Based on the above discussion, amended claim 1 is in condition for allowance and the rejection under 35 U.S.C. 103 should be reversed.

Claim 17

Claim 17 discloses a method for centralized monitoring of medication administration for a plurality of patients, comprising monitoring medication administration information associated with medication delivered to each patient, the medication administration information including a plurality of medication administration parameters and a parameter value associated with each medication administration parameter, storing a database of medication administration guidelines representing acceptable values for the medication administration parameters, communicating the medication administration information and the medication administration guidelines to a central location, comparing, on a computer at the central location, the parameter values to the acceptable values for the parameters in the medication administration guidelines, said acceptable values comprising a soft limit and a hard limit, operating a medication administration device by issuing an alarm if one of said parameter values contravenes its corresponding hard limit; and providing, using the computer at the central location, a visual indication on a computer display at the central location if one of the parameter values contravenes its corresponding soft limit in the medication administration guideline.

The Examiner concludes that the Medication Rounds Requirements (MRR) program and the Medication Administration Record (MAR) program of Halvorson, among others, render

obvious medication administration information of the present invention (Office Action page 13). The MRR and the MAR programs scan databases to generate records having elements related to drug delivery schedule and inventory (column 13, line 34 – column 14, line 52). Halvorson does not teach that the MAR and the MRR programs compare parameter values with acceptable parameter values, the acceptable parameter values comprising a soft limit and a hard limit, as in the present invention. Furthermore, it will be apparent to one of ordinary skill in the art that the scanning taught by Halvorson does not inherently require comparing parameter values with acceptable parameter values. In addition, Halvorson only teaches that the results of the scanning operation are used to print reports at a nursing station (column 13, lines 62-64 and column 14, line 32). These reports are intended to give nurses a listing of drugs needed for the following day (column 14, lines 47-49). Halvorson does not show or teach that the scanning by the MAR and the MRR is used for “operating a medication administration device by issuing an alarm if one of said parameter values contravenes its corresponding hard limit,” as in the present invention. Even when the teaching of Halvorson is combined with Allen, because the medication administration in Allen is performed by a patient taking an insulin shot, the combination still does not show or teach “operating a medication administration device by issuing an alarm,” as in amended claim 17 of the present invention.

For the reasons presented above, amended claim 17 is in condition for allowance and the rejection under 35 U.S.C. 103 should be reversed.

Because amended independent claims 1 and 17 are in condition for allowance, their dependent claims 2-16 and 18-23 are also in condition for allowance.

New Claims

New claims 25 and 26 have been added. Support for these claims can be found at, *inter*

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alia, paragraphs [0089] – [0095] of the disclosure as filed. No new matter is being added.

In light of the amendments and remarks above, this application should be considered in condition for allowance and the case passed to issue. If you have any questions regarding this amendment or the application in general, a telephone call to the undersigned would be appreciated to expedite the prosecution of the application.

To the extent necessary, a petition for an extension of time under 37 C.F.R. 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account 502624 and please credit any excess fees to such deposit account.

Respectfully submitted,
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